

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	METHOD OF TREATING COGNITIVE DECLINE DUE TO SLEEP DEPRIVATION AND STRESS
Attorney Docket Number::	C21-074US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	3
Small Entity?::	Yes
Petition Included?::	No
Secrecy Order in Parent Application?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Sam
Middle Name::	A
Family Name::	DEADWYLER
City of Residence::	Winston-Salem
State or Province of Residence::	NC
Country of Residence::	US
Street of mailing address::	2766 Edinberg Dr.

City of mailing address:: Winston-Salem
State or Province of Mailing address:: NC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 27103

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Middle Name:: E.
Family Name:: HAMPSON
City of Residence:: Kernersville
State or Province of Residence:: NC
Country of Residence:: US
Street of mailing address:: 909 George Place Dr.
City of mailing address:: Kernersville
State or Province of mailing address:: NC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 27284

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Linda

Middle Name:: J.
Family Name:: PORRINO
City of Residence:: Winston-Salem
State or Province of Residence:: NC
Country of Residence:: US
Street of mailing address:: 608 Alpine Dr.
City of mailing address:: Winston-Salem
State or Province of mailing address:: NC
Postal or Zip Code of mailing address:: 27104

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: United States of America
Status:: Full Capacity
Given Name:: Gary
Middle Name:: A.
Family Name:: ROGERS
City of Residence:: Laguna Beach
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 28821 Shady Lane
City of mailing address:: Laguna Beach
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92651

Applicant Information

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gary
Middle Name:: S.
Family Name:: LYNCH
City of Residence:: Irvine
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4 Gibbs Court
City of mailing address:: Irvine
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92715

Representative Information

Representative Customer Number::	28156	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/000706	01/13/04
PCT/US2004/000706	An application claiming the benefit under 35 USC 119(e) of	60/439,735	01/13/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
WIPO	WO 2004/062616	01/13/2004	Yes

Assignment Information

Assignee name:: Cortex Pharmaceuticals, Inc.
Street of mailing address:: 15241 Barranca Parkway
City of mailing address:: IRVINE
State or Province of Mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 92618

Assignment Information

Assignee name:: Wake Forest University Health Sciences
Street of mailing address:: Medical Center Boulevard
City of mailing address:: Winston-Salem
State or Province of Mailing address:: NC
Country of mailing address:: US
Postal or Zip Code of mailing address:: 27157

Assignment Information

Assignee name:: The Regents of the University of California
Street of mailing address:: 1111 Franklin Street, 12th Floor
City of mailing address:: Oakland

State or Province of Mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94607-5200

Correspondence Information

Name::	Henry D. Coleman
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City of mailing address::	Bridgeport
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